

PAYMENTS Invoices

B.5.d

Description

Invoices for actual expenditures will be submitted each quarter of the fiscal year. Payment of an invoice can be requested if the following criteria are met:

1. The grant has been fully executed, and
2. The Governor's Budget for the fiscal year has been signed.

Quarterly invoice types, periods, and due dates are bolded and italicized in the Payment Schedule below:

Payment Schedule		
Payment Type	Period	Due Date
Initial Grant Payment Request	July 1 – June 30, 20XX	August 1, 20XX
<i>First Quarterly Invoice</i>	<i>July 1 – September 30, 20XX</i>	<i>November 1, 20XX</i>
<i>Second Quarterly Invoice</i>	<i>October 1 – December 31, 20XX</i>	<i>February 1, 20XX</i>
<i>Third Quarterly Invoice</i>	<i>January 1 – March 31, 20XX</i>	<i>May 1, 20XX</i>
<i>Fourth Quarterly Invoice</i>	<i>April 1 – June 30, 20XX</i>	<i>September 30, 20XX</i>

Initial Allotment Recovery

Initial Allotment requests will be recovered in the first three quarterly invoice periods for each fiscal year of the grant. See Payments – Initial Allotments for additional information (B.5.b).

Invoice Format

An Excel file is provided by OFP containing templates for fiscal administration. Use of this workbook is mandatory. Spreadsheets are provided in this file for all four quarterly invoices. Instructions for completing invoices are located on the first tab of the workbook titled "Guide".

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An original and one copy of the invoice must:

- Be printed on Agency letterhead,
- Be signed (in blue ink) by the Fiscal Officer (or designee),
- Contain all pages of the invoice including the detail pages, and
- Include the Contractor Equipment Purchased with DHS Funds form (refer to your original grant) if equipment is purchased in the invoice period.

Submitting an Invoice

Submit invoices for payment of actual expenditures (in arrears) within thirty (30) calendar days after the close of a quarterly period for the first three quarterly invoices (1st, 2nd, and 3rd Quarter).

Submit the final payment of actual expenditures (in arrears) within ninety (90) calendar days of the close of that fiscal year for the final invoice (4th Quarter).

Invoices will be submitted to:

Contract Manager
California Department of Health Services
Maternal, Child, and Adolescent Health/Office of Family Planning
MS 8305
P.O. Box 997420
Sacramento, CA 95899-7420

If using Courier Delivery (i.e. UPS, FedEx, Golden State Overnight, etc.)
deliver to:

Contract Manager
California Department of Health Services
Maternal, Child, and Adolescent Health/Office of Family Planning
MS 8305
1615 Capitol Avenue, Suite 73.560
Sacramento, CA 95814-5015

Note: All document deliveries not including the mail station number MS 8305 will be returned to sender by the DHS Mail Services Unit.

Receipt of Payment

Allow forty-five (45) to sixty (60) days for processing of a grant payment from the date OFP receives your request. Please contact your Contract Manager if you have not received your payment within sixty-five (65) days.